

## Mental Health Provider Training Checklist

This is a training checklist designed to provide an outline for Mental Health Providers to understand the tools available as an Alabama Medicaid provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

### Top Five denials for Mental Health Care Providers

Code	Explanation	Resolution
5000	Medical Dup Exact	Provider should work RA's timely. Make corrections to claims prior to resubmission.
2504	Recipient Covered By Private Insurance	Medicaid is always the payor of last resort. File primary insurance prior to filing to Medicaid
4256	BPA-RP-PROC Modifier Restriction	Ensure proper modifiers are being billed on first submission of claims
596	File Separate Claims for Different Years	Claims for different years must be split billed
823	Recipient Check Digit is Missing or Invalid	Recipient's 13 digit Medicaid number must be used when filing claims for payment

MENTAL HEALTH TOP 5 REASONS FOR RECOUPMENTS	
1.	Services billed without a current treatment plan.
2.	Insufficient documentation to support the services billed.
3.	Start and end time not documented for services provided.
4.	Documentation submitted did not support the billing of Basic Living Skills.
5.	Documentation submitted for medication administration and/or medication monitoring did not meet the standards of practice.

As an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

### Alabama Administrative Code

Administrative Code outlines the rules and regulations for all providers. It is updated as changes are identified. Currently the Alabama Administrative Code contains 63 chapters. The table below includes but is not limited to important chapters for Mental Health Providers and staff.

Chapter	Overview
1 General	High level information for all providers-includes Administrative Code
2 Assuring High Quality Care	Discusses Medicaid's procedure for ensuring quality care for all recipients

<b>Chapter</b>	<b>Overview</b>
3 Fair Hearings	Outlines Medicaid's procedures for fair hearing process
4 Program Integrity	Overview of Medicaid's Program Integrity Division
20 Third Party	Outlines policies related to recipient's with other insurance coverage
25 Medicaid Eligibility	General information related to recipient eligibility
26 Rules for Practice	Outlines general rules for Medicaid
27 Confidential Materials	Information on how recipient information should be protected
28 Forms	Outlines forms used by the Medicaid Agency
29 Definitions	Outlines common definitions used in Administrative Code
30 Emergency Rule Procedures	Outlines emergency rules for the Medicaid Agency
31 Declaratory Rulings	Outlines Declaratory Rulings for the Medicaid Agency
33 Recoupments and Liens	Information on how recoupments and liens are handled
47 Rehabilitative Services	Outlines rules and regulations Mental Health Providers must adhere to in the Alabama Medicaid program

### **Alabama Medicaid Provider Billing Manual**

Provider manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the "Quarterly Revisions" page. Updates are posted to the Alabama Medicaid website at the following

link: [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.7\\_Manuals.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx). The table below includes but is not limited to important chapters for mental health providers and staff.

<b>Chapter/Appendix</b>	<b>Overview</b>
1 Introduction	How to use provider manual
2 Becoming a Medicaid Provider	How to enroll as a Medicaid Provider
3 Verifying Recipient Eligibility	How to verify recipient eligibility and how to decipher eligibility information
4 Obtaining Prior Authorization	How to obtain authorization on services which require approval prior to being furnished
5 Filing Claims	How to properly complete claim forms for submission to Alabama Medicaid
6 Receiving Reimbursement	Information on understanding your Remittance Advice
7 Understanding Your Rights and Responsibilities as a Medicaid Provider	Explains important rules and regulations providers must follow with Alabama Medicaid
105 Rehabilitative Services - DHR, DYS, DMH, DCA	This is one of your essential tools for information related to the Program. This chapter contains important billing information
Appendix B- Electronic Media Claims Guidelines	Important information related to filing claims electronically
Appendix D – DMH Non-Emergency Transportation	This chapter contains important documentation requirements and billing information

<b>Chapter/Appendix</b>	<b>Overview</b>
Appendix E- Forms	Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms
Appendix F- Internal Control Numbers	How to read Internal Control Numbers assigned in claims processing
Appendix G- Non-Emergency Transportation	Explains how recipients can receive assistance getting to Medicaid covered appointments
Appendix J- Explanation of Benefit Codes	Table of claims processing codes
Appendix K- Top 200 Third Party Carrier Codes	Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved
Appendix L- Automated Voice Response System (AVRS)	How to use Medicaid's Automated Voice Response System, a tool to check eligibility, claims status and other functions
Appendix -N Medicaid Contact Information	Provides important contact information

### **Tools Available for Providers at no Charge**

<b>Tool</b>	<b>Function</b>
Medicaid Interactive Web Portal	Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, prior authorization submission and status, Remittance Advice download
Provider Electronic Solutions Software	Provider Electronic Solutions Software (PES) allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes - 2 hours, transactions include: eligibility verification, claims submission, claim status, prior authorization submission and status
Automated Voice Response System (AVRS)	Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information

### **Personal Contact Information for Billing Assistance**

HP is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

<b>Department</b>	<b>Function</b>	<b>Contact Number</b>
Provider Assistance Center	Assist with basic billing questions, procedure code reimbursement information and general questions	1-800-688-7989
Electronic Media Claims	Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's	1-800-456-1242

Department	Function	Contact Number
	and passwords for the Agency's secure website portal	
Provider Enrollment	Assists with new provider enrollment and basic provider enrollment functions	1-888-223-3630 Option 1
Provider Re-enrollment	Assists with ongoing re-enrollment of providers	1-888-223-3630 Option 2
Provider Relations Representatives	Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops.	1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to <a href="http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx">http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6_Provider_Representatives.aspx</a>